

## Ohio State Dental Board Permissible Duties of Dental Hygienists and Dental Assistants

## Pursuant to Ohio Administrative Code Section 4715-3-01 (C) which defines the following dental personnel as:

"Licensed dental hygienist" - a graduate of an accredited dental hygiene school or program who has successfully passed all examinations, completed all application requirements for licensure in Ohio as set forth in section 4715.21 of the Revised Code and the agency level rules of this board, and holds a current license to practice dental hygiene in Ohio which is not suspended or revoked by board action.

"Advanced qualified personnel" (hereinafter referred to as expanded function dental auxiliaries or EFDA's)- those persons who have passed the Ohio state dental board designated examination for expanded function dental auxiliaries who may perform advanced remediable intra-oral dental tasks and/or procedures under the direct supervision and full responsibility of a licensed dentist.

"Certified dental assistant" - a dental assistant who maintains current certification by completion of the continuing education requirements upon successfully passing the certification examination of the Dental Assisting National Board (DANB) or the Ohio Commission on dental assistant certification (OCDAC).

"Basic qualified personnel" – basic qualified personnel are those persons who are adjudged by the licensed dentist to be capable and competent of performing basic remediable intra-oral and extra-oral dental tasks and/or procedures under his direct supervision and full responsibility. These persons must be trained directly via an employer-dentist, via a planned sequence of instruction in an educational institution or via in-office training.

Permissible Duties of Dental Hygien	ists and Denta	ıl Assistants			1 480 2	
List of Duties	Dental Hygienist Practice While the Dentist is not Present	Dental Hygienist	Dental Hygienist with EFDA Certification (formerly AQP)	Certified Dental Assistant with EFDA Certification (formerly AQP)	Dental Assistant BQP	
	A	В	C	D	E	
Dental Hygiene Oral Prophylaxis Tasks and/or Procedures						

Polishing of the clinical crown(s) of teeth. Including restorations	Yes	Yes	Yes	NO	NO
Removal of calcareous deposits or accretions from the crowns and roots of teeth	Yes	Yes	Yes	NO	NO
Periodontal scaling, root planing, and soft tissue curettage	NO	Yes	Yes	NO	NO
Definitive subgingival curettage	NO	Yes	Yes	NO	NO
Definitive root planing	NO	Yes	Yes	NO	NO
Sulcular placement of prescribed materials	NO	Yes	Yes	NO	NO
Bleaching of teeth under direct supervision (excluding procedures that utilize Light Amplification by Stimulated Emission of Radiation (LASER) Technologies	NO	Yes	Yes	NO	NO
Procedures while the patient is anesthetized	NO	Yes	Yes	NO	NO
Monitor nitrous oxide-oxygen (N <sub>2</sub> O-O <sub>2</sub> )	NO	Yes <sup>1</sup>	Yes <sup>2</sup>	NO	NO

## **Advanced Remediable Intra-oral Dental Tasks and/or Procedures**

Placement of Sealants	Yes	Yes	Yes	Yes	NO
Placement of restorative materials limited to amalgam restorative materials	NO	NO	Yes	Yes	NO
Placement of restorative materials limited to non-metallic restorative materials, including direct-bonded restorative materials	NO	NO	Yes	Yes	NO

## Basic Remediable Intra-oral and Extra-oral Dental Tasks and/or Procedures

	A	$\mathbf{B}$	$\mathbf{C}$	D	E
Aspiration and retraction, excluding placement of gingival	Yes	Yes	Yes	Yes	Yes

 $<sup>^1</sup>$  OAC 4715-9-01(F) - Following submission of documentation to the Ohio state dental board showing completion of eight hours of education presented by a board approved permanent sponsor on nitrous oxide-oxygen ( $N_2O-O_2$ ) analgesia and sedation , the dental hygienist may, under the direct supervision of a licensed dentist, monitor nitrous oxide-oxygen ( $N_2O-O_2$ ) within the limits of conscious sedation, while providing treatment, after a satisfactory induction phase has been administered by the dentist.

<sup>&</sup>lt;sup>2</sup> Same as above.

retraction materials					
Intra-oral instrument transfer	Yes	Yes	Yes	Yes	Yes
Preliminary charting of missing and filled teeth	Yes	Yes	Yes	Yes	Yes
Elastomeric impressions for diagnostic models and models to be used for opposing models in the construction of appliances and restorations	Yes	Yes	Yes	Yes	Yes
Taking impressions for the construction of custom athletic mouth protectors/mouthguards	Yes	Yes	Yes	Yes	Yes
Taking impressions for the construction of trays for application of medicaments	Yes	Yes	Yes	Yes	Yes
Application of disclosing solutions	Yes	Yes	Yes	Yes	Yes
Caries susceptibility testing	Yes	Yes	Yes	Yes	Yes
Demonstration of oral hygiene procedures, including, but not limited to, use of toothbrushes and dental floss	Yes	Yes	Yes	Yes	Yes
Shade selection for fabrication of appliances or restorations	NO	Yes	Yes	Yes	Yes
Application of topical anesthetics	Yes	Yes	Yes	Yes	Yes
Pulp testing	NO	Yes	Yes	Yes	Yes
Fluoride application, limited to liquid or gel applications	Yes	Yes	Yes	Yes	Yes
Topical applications of desensitizing agents to teeth	Yes	Yes	Yes	Yes	Yes
Application of periodontal dressings (packs)	Yes	Yes	Yes	Yes	Yes
Removal of periodontal dressings (packs)	Yes	Yes	Yes	Yes	Yes
Suture removal	NO	Yes	Yes	Yes	Yes
Placement of rubber dam over preplaced clamp, and removal of clamp and rubber dam	NO	Yes	Yes	Yes	Yes
Application of cavity varnish	NO	Yes	Yes	Yes	Yes
Placement of surgical dressings	NO	Yes	Yes	Yes	Yes
Removal of surgical dressings	NO	Yes	Yes	Yes	Yes
Intra-oral bite registrations for diagnostic model articulation	Yes	Yes	Yes	Yes	Yes
Intra-oral bite registrations for restorations	NO	Yes	Yes	Yes	Yes
Intra-oral bite registrations for appliances	NO	Yes	Yes	Yes	Yes
Standard, diagnostic, radiologic procedures for the purpose of contributing to the provision of dental services	Yes	Yes	Yes	Yes <sup>3</sup>	Yes <sup>4</sup>
All supportive services necessary to the maintenance of a hygienic practice environment, including, but not limited to, all sterilizing procedures	Yes	Yes	Yes	Yes	Yes

 $<sup>^3</sup>$  ORC 4715.51 which states in pertinent part - "...As used in sections 4715.52 to 4715.58 of the Revised Code, "dental x-ray machine operator" means an individual who, under the direct supervision of a dentist, performs standard, diagnostic, radiologic procedures for the purpose of contributing to the provision of dental care to a dental patient."; and ORC 4715.52 which states in pertinent part - "... no person shall practice or hold himself out as a dental x-ray machine operator without a valid license issued under section 4715.53 of the Revised Code."

<sup>&</sup>lt;sup>4</sup> Same as above.

All supportive services or procedures necessary to protect the physical well-being of the patient during routine treatment procedures and during periods of emergencies, including, but					
not limited to:					
Physical positioning of the patient					
Monitoring of vital signs	Yes	Yes	Yes	Yes	Yes
Assistance during administration of life-support					
activities, and Any other non-invasive procedures deemed necessary by the					
supervising dentist to maintain the health and safety of the					
patient					
All non-invasive supportive services and procedures necessary					
to the gathering and maintaining of accurate and complete					
medical and dental history of the patient, including but not					
limited to:					
Taking photographs	Yes	Yes	Yes	Yes	Yes
Recording patient treatment					
Measurement of blood pressure and body temperature; and					
Other common tests deemed necessary by the supervising dentist					
All extra-oral supportive laboratory procedures, including, but					
not limited to:					
Repair, construction and finishing of metallic and plastic	<b>T</b> 7	77	***	***	77
prosthetic devises; and	Yes	Yes	Yes	Yes	Yes
Compilation of radiographic data for interpretation by the					
dentist, i.e., tracings, etc.					
All patient education services, including, but not limited to:					
Progress reports					
Consultations (oral or written)					
Oral hygiene instructions					
Use of intra-oral hygiene devices Normal nutrition information as it relates to dental health	Yes	Yes	Yes	Yes	Yes
Behavioral modification					
Self adjustment of orthodontic appliances; and					
All other post-operative and post-insertion instructions, as					
deemed appropriate by the supervising dentist					
All non-invasive supportive services normally utilized in					
conjunction with the treatment by the dentist of fascia pain or	NO	Yes	Yes	Yes	Yes
TMJ syndrome					
Preparing the teeth for restorations or for the bonding of					
orthodontic brackets by treating the supragingival coronal	NO	Yes	Yes	Yes	Yes
surfaces of the teeth to be bonded with a conditioning or	1.0	100	100	100	100
etching agent and by the placement of a bonding agent adhesive					
Preparation of Materials, Drugs and Medica	ations fo	or Use ir	n Dental	Procedu	res
Palliative materials	NO	Yes	Yes	Yes	Yes
Impression materials	Yes	Yes	Yes	Yes	Yes
Restorative materials	NO	Yes	Yes	Yes	Yes
Restorative materials	NO	105	105	105	105
Restorative Pro	cedures	}			
Impression, fabrication, cementation and removal of	NTO	<b>37</b> -	<b>17</b> -	<b>17</b> -	₹7.
provisional restorations, not to include palliative or sedative	NO	Yes	Yes	Yes	Yes
restorations Preliminary selection and sizing of stainless steel crowns	NO	Vac	Vac	Vac	<b>W</b> ~~
1 reminiary selection and sizing of stanness steel crowns	NO	Yes	Yes	Yes	Yes

Polymerization of light-activated restorative or bonding materials	NO	Yes	Yes	Yes	Yes
Orthodontic Pr	ocedure	S			
Impressions for removable or fixed orthodontic appliances	NO	Yes	Yes	Yes	Yes
Preliminary selection and sizing of orthodontic bands and arch wires	NO	Yes	Yes	Yes	Yes
Checking for and removal of loose orthodontic bands	NO	Yes	Yes	Yes	Yes
Checking for and removal of loose orthodontic brackets	NO	Yes	Yes	Yes	Yes
Placement and removal of orthodontic arch wires, auxiliary arch wires, and ligation of same to orthodontic bands and/or brackets	NO	Yes	Yes	Yes	Yes
Placement and removal of orthodontic separators and ties	NO	Yes	Yes	Yes	Yes
Endodontic Pro	ocedures	5			
Irrigation and drying of canals during endodontic procedures	NO	Yes	Yes	Yes	Yes
Placement of medication in the pulp chamber(s) of teeth with non-vital pulp or instrumented root canals	NO	Yes	Yes	Yes	Yes